SERFF Tracking Number:
 PNTX-126193514
 State:
 Arkansas

 Filing Company:
 American Network Insurance Company
 State Tracking Number:
 42682

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

Project Name/Number: 09 Rep- 2009 Reports/LTCAR0008730F01

Filing at a Glance

Company: American Network Insurance Company

Product Name: 09 Rep- 2009 Reports

SERFF Tr Num: PNTX-126193514 State: ArkansasLH

TOI: LTC06 Long Term Care - Other SERFF Status: Closed Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTCAR0008730F01 State Status: Closed

Filing Type: Form Co Status: Reviewer(s): Marie Bennett

Author: SPI PennTreatyNetwork Disposition Date: 06/17/2009

Date Submitted: 06/17/2009 Disposition Status: Filed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: 09 Rep- 2009 Reports Status of Filing in Domicile: Pending

Project Number: LTCAR0008730F01 Date Approved in Domicile: Requested Filing Mode: Informational Domicile Status Comments:

Explanation for Combination/Other: Market Type:

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 06/17/2009 Explanation for Other Group Market Type:

State Status Changed: 06/17/2009

Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

Under the Health Insurance Portability & Accountability Act of 1996, issuers of qualified Long Term Care insurance contracts are required to report the number of claims denied annually to ensure the tax-qualified status of their products.

Enclosed, please find the completed 2008 Claim Denial Reporting form for Long Term Care Insurance.

Although not required, we are also providing claim denials for non-qualified policies in an effort to provide a complete picture of our denial records. A copy of the claim denial reporting form developed by the NAIC has been amended to

Company Tracking Number: LTCAR0008730F01

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reflect denials on both a tax-qualified and non tax-qualified basis for both your state and nationwide. When compiling these figures, we followed the 2006 Long Term Care Insurance Model Regulations' definition for "claim" and "denied".

If you have any additional questions, or require further information, please feel free to contact me at 800-222-3469 e. 6150.

Company and Contact

Filing Contact Information

Kevin Carney, Senior Analyst kcarney@penntreaty.com 3440 Lehigh St (610) 965-2222 [Phone] Allentown, PA 18103 (484) 232-6638[FAX]

Filing Company Information

American Network Insurance Company CoCode: 81078 State of Domicile: Pennsylvania

3440 Lehigh Street Group Code: 810 Company Type:
Allentown, PA 18103 Group Name: Penn Treaty State ID Number:

(610) 965-2222 ext. [Phone] FEIN Number: 03-0211497

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

American Network Insurance Company \$0.00 06/17/2009

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

Project Name/Number: 09 Rep- 2009 Reports/LTCAR0008730F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted	
Filed	Marie Bennett	06/17/2009	06/17/2009	

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

Project Name/Number: 09 Rep- 2009 Reports/LTCAR0008730F01

Disposition

Disposition Date: 06/17/2009

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

Project Name/Number: 09 Rep- 2009 Reports/LTCAR0008730F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Claim Denials-Submission-ANIC		Yes

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

Project Name/Number: 09 Rep- 2009 Reports/LTCAR0008730F01

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: LTCAR0008730F01

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 09 Rep- 2009 Reports

09 Rep- 2009 Reports/LTCAR0008730F01 Project Name/Number:

Supporting Document Schedules

Review Status:

Flesch Certification Bypassed -Name: 06/17/2009

Not applicable to this filing. **Bypass Reason:**

Comments:

Review Status: Application Bypassed -Name: 06/17/2009

Bypass Reason: Not applicable to this filing.

Comments:

Comments:

Review Status: Health - Actuarial Justification 06/17/2009 Bypassed -Name:

Not applicable to this filing. **Bypass Reason:**

Review Status:

Bypassed -Name: Outline of Coverage 06/17/2009

Not applicable to this filing. **Bypass Reason:**

Comments:

Review Status:

Claim Denials-Submission-ANIC 06/17/2009 Satisfied -Name:

Comments: Attachment:

Claim Denials-Submission-ANIC.PDF

Claims Denial Reporting Form Long-Term Care Insurance

For the State ofArkansas	
For the Reporting Year of 2	008
Company Name: American Network Insurance Company (In Reha Company Address: 3440 Lehigh Street, Allentown, PA. 18103	bilitation) Due: June 30 annually
Company Address. 3440 Lenigh Street, Alientown, FA. 18103	
Company NAIC Number: 81078	
Contact Person: Kevin Carney, Senior Compliance Analyst	Phone Number: 800-222-3469 Ext. 6150
Line of Business: Individual Group	-

<u>Instructions</u>

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data TQ	State Data NTQ	State Totals	Nation -wide Data ¹	Nation -wide Data ¹	Nation -wide Totals
					TQ	NTQ	
1	Total Number of Long-Term Care Claims Reported	0	0	0	82	251	333
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	0	0	4	4	8
3	Number of Claims Not Paid due to Preexisting Conditions Exclusion	0	0	0	0	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0	0	0	1	1
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	0	0	4	3	7
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	0%	0%	5%	1%	2%
7	Number of Long-Term Care Claim Denied Due to:						
8	 Long-Term Care Services Not Covered under the Policy² 	0	0	0	0	0	0
9	 Provider/Facility Not Qualified under the Policy³ 	0	0	0	0	0	0
10	Benefit Eligibility Criteria Not Met ⁴	0	0	0	4	1	5
11	• Other	0	0	0	0	2	2

- 1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- 2. Example home health care claim filed under a nursing home only policy.
- 3. Example a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- 4. Examples a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.